

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 699a  
Registered No. 202-C

### 1. PLACE OF BIRTH

County Yavapai State Arizona  
District or Township \_\_\_\_\_ or Village Groom Creek  
City Groom Creek No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Margaret Ann Bennett  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth July 18 1928  
Month Day Year

8. FATHER  
Full name Ray Loren Bennett

9. Residence Copper Basin Rd  
(Usual place of abode) Groom Creek, Ariz  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Groom Creek  
(State or country) Ariz.

13. Occupation mining  
Nature of industry

14. MOTHER  
Full maiden name Winian S. Coker

15. Residence Copper Basin Rd  
(Usual place of abode) Groom Creek, Ariz.  
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 26 (Years)

18. Birthplace (city or state) Richmond  
(State or country) Va.

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 6  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 4  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum.  
Yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at 9:50 P.M. on the date above stated.  
(Born alive or stillborn)

Signature H. Allen  
\* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_ Address Washington Blg  
(Physician or midwife)

Registrar. W. L. Southworth  
Filed July 18 1928  
Registrar.

423-718-534